

# NATIONAL Assessment Centre Services

Ref: JAROS/MND/120101086

Date In: 16/11/12-11:51	Job description	Date & Time Completed	Done by
Ref No: NA/12220012562/12	SAS e-filing		
Veh No: 3JB21WJ	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 13/11/12-12:30	i-Motor Claim Form		
OD / TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: 3JB21WJ

INC ( ) / Non-INC ( )

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )

## General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks:

(INC hotline: 6788 6616)

Date & Time Completed

Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date/Time

Actions

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

for Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON:

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated Fee Charged

Invoice dated Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

at 1:

at 2/3:



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	16/11/2020 11:51
Date Of Accident	13/11/2020 20:30
Exact Location Of Accident	SERANGOON RD TWDS HOUGANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB2124J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN SAU LIAN
NRIC No	SXXXX326Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94525889
Alternative Phone No	OFFICE-94525889

### Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO 1.5L A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D19MPC0000209_01
Cover Note Number	

### Driver

Name of Driver	CHAN SAU LIAN
NRIC No	SXXXX326Z
Date Of Birth	18/09/1962
Occupation	INDOOR
Date Of Driving Pass	12/08/1989
Driving Experience	31 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94525889
Fax Number	
Contact Number	OFFICE-94525889
Email Address	NOEMAIL

Address	BLK 605 HOUGANG AVENUE 4 #03-193
Postcode	530605
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ4673K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABDUL JALIL BIN ABU YANI
NRIC/Passport Number	
Contact Number	96367445
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLN8122M
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

5



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

Serangoon Rd before  
Whampoa West.



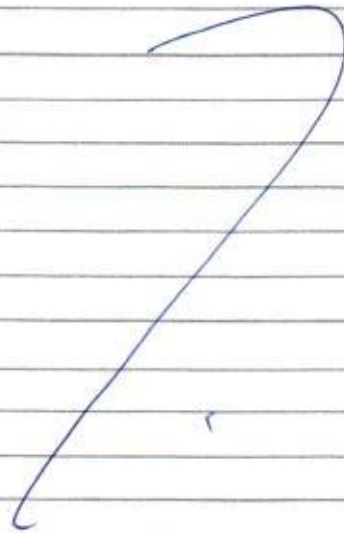
A SJB 2124 J

B SJJ 4673 K

C SLN 8122 M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/11/20 at around 8.30 pm I was driving ~~SJJ~~ SJB 2124 J along Serangoon Rd on the 2nd lane. Suddenly front vehicle SLN 8122 M jam brake. I also jam my brake but still hit onto SJJ 4673 K.



DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)

  
Reporting Centre Personnel's Signature  
Name:



VEHICLE NO: SJB2124J MAKE & MODEL :

DATE OF ACCIDENT	13 / 11 / 2020	
TIME OF ACCIDENT	8:30 AM <u>PM</u>	
LOCATION OF ACCIDENT	Serangoon Rd towards Hougang before turning Whampoa West.	
Exact Purpose use during accident		
NAME OF OWNER	CHAN SAU LIAN.	
TELP NO	94525889	
NRIC	S26293262	
CLAIM TYPE	OD / THIRD PARTY / <u>Reporting Only</u>	
PRIVATE HIRE	YES / <u>NO</u> ?	
INSURANCE CO.	India International Insurance	
TYPE OF COVERAGE	Comprehensive / Third Party / <u>Third Party Fire &amp; Theft</u>	
POLICY NO.	DI9MPC000020901	
NAME OF DRIVER	<u>As above</u> / If No:	
NRIC	<u>as above</u> Any passengers: <u>NIL</u>	
DATE OF BIRTH	18 / 09 / 1962	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	12 / 8 / 1989	
GENDER	Male / <u>Female</u>	
CONTACT NO.	<u>as above</u> Office: Home:	
ADDRESS	B1K 605 Hougang ave 4 #03-193 (530605)	
DRIVER HAVE ANY OWN Vehicle	NO / If yes: Reg No:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>No</u> / If yes: Who?	
CONTACT NO.	<u>No</u> / If yes: Where?	
POLICE REPORT	<u>533 4673K</u> Any Passenger: <u>Not sure</u>	
VEHICLE B NO.	ABDUL JALIL BIN ABU YANI	
NAME	96367445	
CONTACT NO.	SLN 8122M Any Passenger: 4	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	
PARTICULAR WORKSHOP	Sme Motor Pte Ltd	
TELP NO	1 Kaki Bukit ave 6 #02-15	
CONTACT PERSON	Autobay @ kaki bukit sally.chan2244@yahoo.com.sg	
FAX NO	Singapore 417883	



## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1979 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**CERTIFICATE NO.: D19MPC0000209\_01**

**COVER: Third Party Fire & Theft**

1. Index Mark and Registration Number of Vehicle : SJB2124J  
Chassis No : JN1BAAC11Z0007300
2. Name of Policyholder : CHAN SAU LIAN
3. Effective date of Insurance : 03 Jan 2020
4. Expiry date of Insurance : 02 Jan 2021
5. Persons or Classes of Persons entitled to drive\*
  - (a) The Policyholder  
The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.
  - (b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law, or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle
6. Limitations as to use\*  
Use only for social, domestic and pleasure purposes and for the Policyholder's business.  
**The Policy does not cover**
  - a) Use for hire or reward.
  - b) Use for racing, pace-making, reliability trial, speed-testing.
  - c) Use for the carriage of goods other than samples in connection with any trade or business.
  - d) Use for any purpose in connection with the Motor Trade.

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**Hire Purchase Company**

**TOKYO CENTURY LEASING (S) PTE LTD**

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE. An EXCESS OF \$2500 - ON ALL CLAIMS WILL BE APPLICABLE.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Agent/Broker : B000045 PANA HARRISON (ASIA) PTE LTD  
Date of Issue : 09/12/2019 10:24:17  
MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd

Authorised Signatory